

# High Adventure Committee

Northeast Georgia Council, BSA

## COPE REGISTRATION

<b>Contact Name:</b>			
Address:			
City:		St:	Zip:
Phone: (Day)		Phone: (evening)	
E-mail:			
Type of Unit:	<input type="checkbox"/> Troop	<input type="checkbox"/> Venturing Crew	<input type="checkbox"/> Other
Unit Number:			
Prior Experience:			
<small>(Unit's prior experience in COPE? If so, how much? Some/all participants?)</small>			

<b>COPE</b>	
<input type="checkbox"/> May 7-8, 2011 (CRM)	<input type="checkbox"/> Mar 3-4, 2012 (Scoutland)
<input type="checkbox"/> September 10-11, 2011 (Scoutland)	<input type="checkbox"/> May 5-6, 2012 (CRM)
<input type="checkbox"/> November 5-6, 2011 (CRM)	<input type="checkbox"/> September 8-9, 2012 (Scoutland)
<input type="checkbox"/>	<input type="checkbox"/> November 3-4, 2012 (CRM)
<input type="checkbox"/> Request specific date: _____ <small>(Request for specific dates must be submitted at least four weeks prior to the requested date and will be honored only if sufficient staffing can be arranged) For questions on program please contact the COPE Chairman at <a href="mailto:cope@nega-bsa.org">cope@nega-bsa.org</a></small>	

The cost for COPE is \$20.00 per person

Number of participants:  x \$20.00 = Total Cost \$

Participants must be 13 years old prior to January 1<sup>st</sup> of the current year.

**Medical Screening/Liability Release (adult or youth) and  
Annual Health and Medical Form (Parts A & C or A, B & C)**

**BRING THEM WITH YOU TO YOUR SESSION**

Please call the Camping Office for current availability  
Call 1.800.699.8806 -or- E-mail [chuska@bsamail.org](mailto:chuska@bsamail.org)

Return completed forms by fax or mail to:

Northeast Georgia Council, BSA  
ATTN: High Adventure Weekend  
P.O. Box 399  
Jefferson, GA 30549

-or-

**FAX: (706) 693-4849 Attn: High Adventure Weekend**